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Under the Pa	perwork Reduction Act of	ired to res	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/567,924-Conf. #5383			
FEE TRANSMITTAL						ebruary 10, 2006			
For FY 2009						akayuki Ishizaki			
101112003				xaminer Name	. O. Douglas	O. Douglas			
Applicant claims small entity status. See 37 CFR 1.27			A	Art Unit 377			71		
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No. TE			EI-0136			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of x Credit any overpayments									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
I BAGIO I ILIK	•	LING FEES		CH FEES	EXAMINA	ATION FEES			
		Small Entity	( <b>6</b> )	Small Entity	C (\$)	Small Entity	Food	Paid (\$)	
Application Ty			ee (\$)	Fee (\$)	Fee (\$) 220	<u>Fee (\$)</u> 110	rees	raiu (\$)	
Utility	330	165	540	270		70			
Design	220	110	100	50	140			<del></del>	
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0		0	
Fee (\$) Fe							Small Entity Fee (\$)		
Fee Description Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
•		duling iverssues)					390	195	
Multiple dependent claims			Fee	Paid (\$)	iltiple Dependent Claims				
Total Claims Extra Claims Fee (\$)			Fee						
- or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.								_	
Indep. Claims	Extra Claim	<del></del> -	Fee	Paid (\$)					
- or HP = X =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheet		_		itional 50 or frac			<u>Fee</u>	Paid (\$)	
100 = /50 = (round <b>up</b> to a whole number) x =									
4. OTHER FEE(S)							Fees	: Pa <u>id (\$)</u>	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
SUBMITTED BY									
Signature	1/9 1/1//			egistration No. ttorney/Agent)	63,796	Telephone	(202) 9	55-3750	
Name (Print/Type)	Sterling D. Fillmo				Date	January	8, 2010		